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## BIB DATA SHEET

CONFIRMATION NO. 9573

<b>SERIAL NUMBER</b> 09/941,681	<b>FILING or 371(c) DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2164	<b>ATTORNEY DOCKET NO.</b> 58511-019	
<b>APPLICANTS</b> Christian Mayaud, New Canaan, CT; <b>** CONTINUING DATA *****</b> This application is a CON of 09/121,596 07/24/1998 which is a CON of 08/942,372 10/02/1997 PAT 5,845,255 which is a CON of 08/330,745 10/28/1994 ABN <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/20/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>SL</i> Examiner's Signature <input type="checkbox"/> Met after Allowance Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 16	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ROBERT M. SCHWARTZ, P.A. P.O. BOX 221470 HOLLYWOOD, FL 33022 UNITED STATES					
<b>TITLE</b> COMPUTERIZED PRESCRIPTION SYSTEM FOR GATHERING AND PRESENTING INFORMATION RELATING TO PHARMACEUTICALS					
<b>FILING FEE RECEIVED</b> 3446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		